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AUTONOMY AND MENTAL DISORDER. EDITED BY LUBOMIRA RADOILSKA.
OXFORD UNIVERSITY PRESS. 2012.

There is a good philosophy story involving Ludwig Wittgenstein and Karl Popper – two titans of British philosophy both from Vienna. Popper went up to Cambridge from London to challenge Wittgenstein's teaching that there are no philosophical problems only puzzles. As the discussion started Wittgenstein picked up a poker and, waving it at Popper, demanded he give an example of a philosophical problem. Popper referred to an ethical problem. Wittgenstein left the room. It was a brief encounter, much discussed, that left many people in two minds.

How autonomy and mental disorder relate is a good example of a question likely to provoke two minds: is it a puzzle that, as Wittgenstein would have said, is like a fly buzzing in a bottle which the philosopher should show out? Or is it a problem that takes us to frontiers of our knowledge where we should be coming up with good new ideas (as Popper would have argued). This collection of philosophical essays is in two minds but overall edges towards recognizing a need for new ideas about the relation between autonomy and mental disorder. The question is certainly one of our big issues in psychiatry. It is a major problem for mental health law.

Autonomy has been the big theme in moral and political philosophy since at least the Enlightenment and it is a substantial source of our identities. Ask why freedom of choice and self-determination are good in any liberal democracy and you are likely to elicit puzzlement: they just are. Cambridge philosopher Jane Heal in an interesting Wittgenstein-leaning essay remarks on this and points out that consensus lies not around any idea of what autonomy is (the Enlightenment didn't give us this very clearly) but in our practice of valuing non-coercion.

Yet psychiatrists legitimately want to know when, and when not, to treat mental disorder coercively and without an idea of autonomy that can help other ideas will step in. The main idea in mental health culture currently is risk. But risk attracts big questions. Do we distort probabilities of suicide and violence in the service of risk-based decision-making about treatment without consent? Does risk disable people with mental disorder from achieving equality before the law?

Autonomy has been weakly woven in mental health culture hitherto and one reason has to do with how the concepts of autonomy and mental disorder have been mapped to each other as opposites. In classical liberal thought the value of freedom from interference from others is taken as a fundamental right unless one is a child, a person who harms others or a person with mental disorder. Explicitly, or implicitly, autonomy and the person with mental disorder have been conceptualized as mutually exclusive. This is what "unsound mind" reflects – the basis of our traditional mental health laws. Once unsound of mind, liberty is a fragile right.

Yet it is clearly too simplistic to regard autonomy and the person with mental disorder as binary opposites and politically problematic when the concept of

mental disorder is broad and flexible and autonomy is so socially valued. Liberal thinkers sensitive to this tend to foster either a highly skeptical attitude toward psychiatric power or instead focus on how mental disorder does or does not undermine a person's abilities to act (what philosophers call the agency concept of autonomy and lawyers and psychiatrists now know as decision-making capacity). If we take decision-making capacity seriously then mental disorder and autonomy are not to be thought of as mutually exclusive and there will be new demands to understand their varying relationships.

This is primarily a philosophical text. Many of the papers are quite technical and there is not much emphasis on psychiatric phenomenology or law. That said, I suspect BJP readers will find the papers no harder going than many other papers in psychiatric research and will certainly find them relevant to practice.

Researchers and scholars of autonomy are starting to take an interest in mental disorder rather than treating it as a black box or as a thing to regard with extreme skepticism. That marks a significant intellectual change and this collection of essays, usefully structured by the editor, with a synthetic introduction, makes a very interesting contribution.

GARETH S OWEN